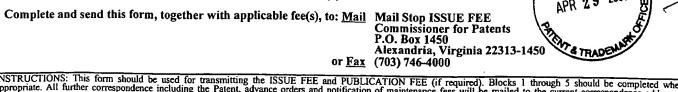
PART B - FEE(S) TRANSMITTAL



INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current confidence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate property of the current of the curren

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Harry Smith Es	q				Ce	rtificate of Mailing or Trans	smission	
Ohlandt, Greeley, Ruggiero & Perle, L.L.P.				I hereby certify that this Fee(s) Transmittal is being deposited with the Unite States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FEE address above, or being facsimit transmitted to the USPTO (703) 746-4000, on the date indicated below.				
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Stamford, CT 0	6901-2682						(Date	
APPLICATION NO.	FILING DATE		FIRST NAME	D INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/433,475	11/04/1999	Haru Komo		oka		909.0004USU	2618	
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Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (crieve texture)					
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE	an assignee is identified be 37 CFR 3.11. Completion of	low, no assignee of this form is NO (B	data will app Ta substitute RESIDENCE	pear on the pate for filing an as	ent. If an assign signment. STATE OR CO	nce is identified below, the d	ocument has been filed fo	
lease check the appropriate		ries (will not be pr	inted on the p	oatent): 🔲 [1	ndividual 🛭 Co	orporation or other private gro	oup entity Governmen	
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Advance Order - # of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0510 (enclose an extra copy of this form).					
	IALL ENTITY status. See 3	7 CFR 1.27.	b. Applic	ant is no longer	claiming SMAI	LL ENTITY status. See 37 CI	FR 1.27(g)(2).	
he Director of the USPTO is IOTE: The Issue Fee and Pul Iterest as shown by the recon			ion Fee (if ar			paid issue fee to the applicat stered attorney or agent; or th		
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Typed or printed name Paul D. Greeley			Registration No. 31,019					
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